Health Claims for Auto Insurance

OCF-23:

TREATMENT CONFIRMATION FORM

MANUAL FOR WEB USERS

July 2015

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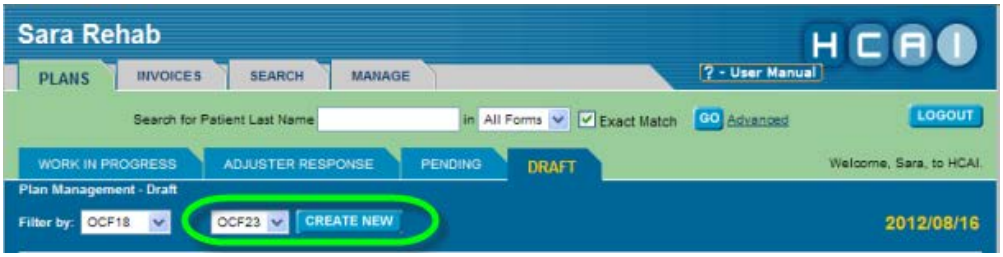
Create an OCF-23 in HCAI

An OCF-23 is used for patients with injuries that are suitable for treatment in a Pre-Approved Framework or in the Minor Injury Guideline.

To create an OCF-23:



- Go to the Plans tab and any sub-tab.
- Select OCF-23 from the dropdown list and click CREATE NEW. A blank OCF-23 will open.

OCF-23 TABS

The OCF-23 in HCAI appears organized under four tabs.

Figure 2 : OCF 23 tabs

Tab 1

Claim Identifier

Part 1 – Applicant (Patient) Information

Part 2 – Auto Insurer Information

Part 3 – Other Insurer Information

Tab 2

Part 4 – Signature of Initiating Health Practitioner

Part 5 – Injury and Sequelae Information

Part 6 – Prior and Concurrent Conditions

Part 7 – Barriers to Recovery

Tab 3

Part 8 – Signature of the Applicant

Part 9 – Guideline Services

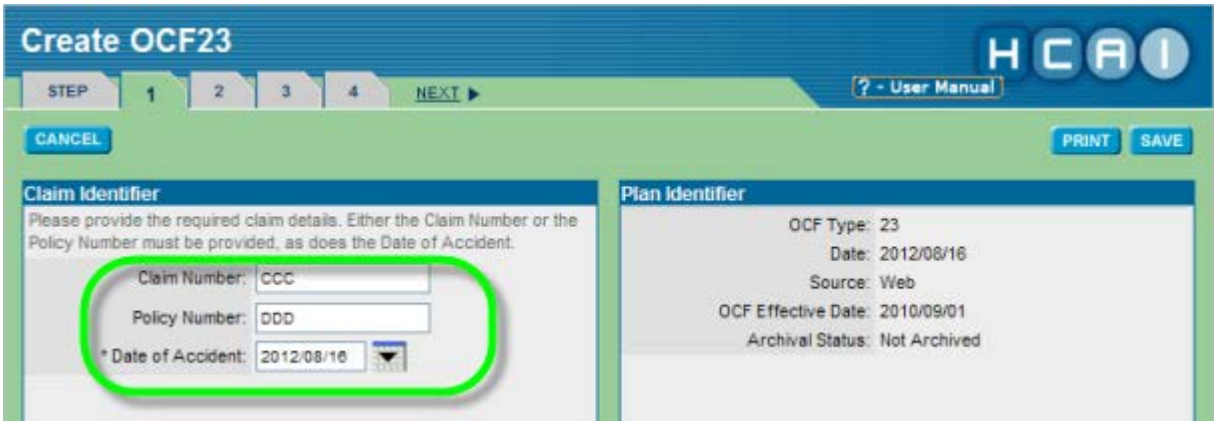
Part 11 – Other Goods and Services within the Guideline Requiring Insurer Approval

Tab 4

Additional Comments and/or Attachments

Tab 1

Claim Identifier



1. **Enter Claim Number and/or Policy Number**
   - The Applicant must provide the Claim Number (if known), the Policy Number and the date of the accident.
   - The Claim Number and Policy Number can be obtained from the insurance Adjuster.
   - The Policy Number is also available on the Motor Vehicle Liability Insurance Card (pink slip).
   - The Claim Number and Policy Number may be the same.
2. **Enter the accident date**
   - If the Applicant/Patient has overlapping injuries from more than one accident, use the date of the accident that is most relevant to the injuries being treated.

Plan Identifier

- This information will be populated when the Plan is submitted. No action is required.

Part 1 – Applicant Information

- The Applicant or substitute decision-maker should provide this information to the Facility.
  - **Date of birth** of the Applicant/Patient.
  - **Gender** of the Applicant/Patient.

Part 2 – Auto Insurer Information

- The Applicant or substitute decision-maker should provide this information to the Facility.

Independent adjusting companies and Adjusters

- Independent adjusting companies may be hired by Insurers to adjudicate Claims, but the HCAI application does not list independent adjusting companies.
- To direct OCFs appropriately, you should determine (typically by asking the Applicant/Patient or the independent Adjuster) the *name of the licensed Insurer* that insures the Applicant/Patient.

Policy Holder Details

- If the injured person seeking treatment is the Policy Holder, select “Yes” to the question “Is the Policy Holder the same as the Applicant?”
- If the injured person is not the Policy Holder, select “No” and enter the last name of the Policy Holder. The name of the Policy Holder can be obtained from the pink slip of the proof of insurance form.

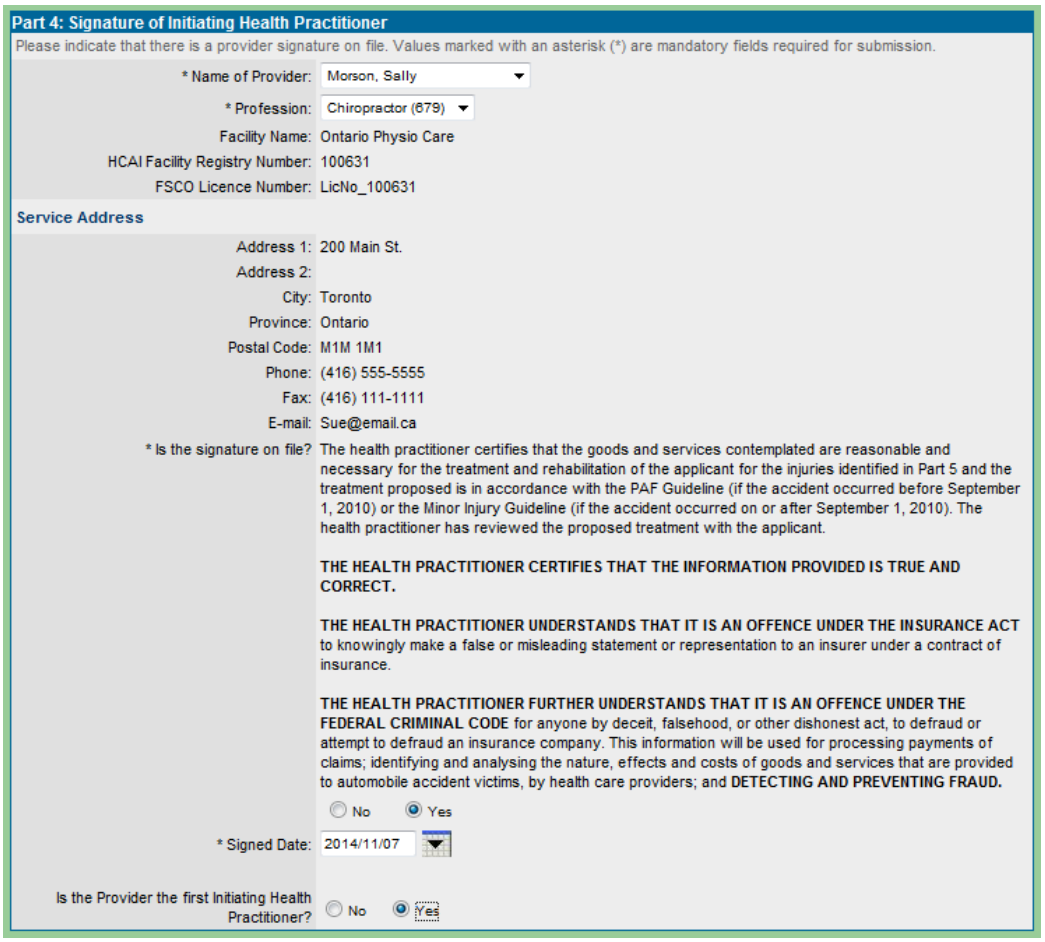
Part 3 – Other Insurer Information

- The Patient, guardian or substitute decision-maker can advise whether the Patient has other insurance.
- The auto insurance system requires other insurance plans to be accessed before auto insurance health benefits are accessed.
- Health benefits may be available from the Ministry of Health and Long Term Care (MOH) or through an applicant’s personal, spousal or parental extended health plan to pay or partially pay expenses listed in the form.
- Space is available for up to two other Insurers in the event that the Applicant is covered by more than one policy (for example, both the Applicant and the Applicant’s partner or legal guardian have extended health benefits).

Tab 2

Part 4 – Signature of Initiating Health Practitioner

Figure 4: Signature of health practitioner


Part 4: Signature of Initiating Health Practitioner
Please indicate that there is a provider signature on file. Values marked with an asterisk (*) are mandatory fields required for submission.
* Name of Provider: Morson, Sally
* Profession: Chiropractor (679)
Facility Name: Ontario Physio Care
HCAI Facility Registry Number: 100631
FSCO Licence Number: LicNo_100631
Service Address
Address 1: 200 Main St.
Address 2:
City: Toronto
Province: Ontario
Postal Code: M1M 1M1
Phone: (416) 555-5555
Fax: (416) 111-1111
E-mail: Sue@email.ca
* Is the signature on file?
The health practitioner certifies that the goods and services contemplated are reasonable and necessary for the treatment and rehabilitation of the applicant for the injuries identified in Part 5 and the treatment proposed is in accordance with the PAF Guideline (if the accident occurred before September 1, 2010) or the Minor Injury Guideline (if the accident occurred on or after September 1, 2010). The health practitioner has reviewed the proposed treatment with the applicant.
THE HEALTH PRACTITIONER CERTIFIES THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.
THE HEALTH PRACTITIONER UNDERSTANDS THAT IT IS AN OFFENCE UNDER THE INSURANCE ACT to knowingly make a false or misleading statement or representation to an insurer under a contract of insurance.
THE HEALTH PRACTITIONER FURTHER UNDERSTANDS THAT IT IS AN OFFENCE UNDER THE FEDERAL CRIMINAL CODE for anyone by deceit, falsehood, or other dishonest act, to defraud or attempt to defraud an insurance company. This information will be used for processing payments of claims; identifying and analysing the nature, effects and costs of goods and services that are provided to automobile accident victims, by health care providers; and DETECTING AND PREVENTING FRAUD.
No
Yes
* Signed Date: 2014/11/07
Is the Provider the first Initiating Health Practitioner?
No
Yes

Name of Provider

- Select the Health Practitioner who has been added to your HCAI Provider list from the dropdown list.

Profession

- If the Health Practitioner has more than one profession, select the appropriate one from the dropdown.

Is the signature on file?

- Answer “Yes” or “No”.
- The OCF-23 cannot be submitted unless the answer to this question is “Yes”.
    - Use the calendar or insert the date of signature (yyyy/mm/dd) in the field beside “Signed Date.”

Is the Provider the initiating Health Practitioner?

- Answer “Yes” or “No”

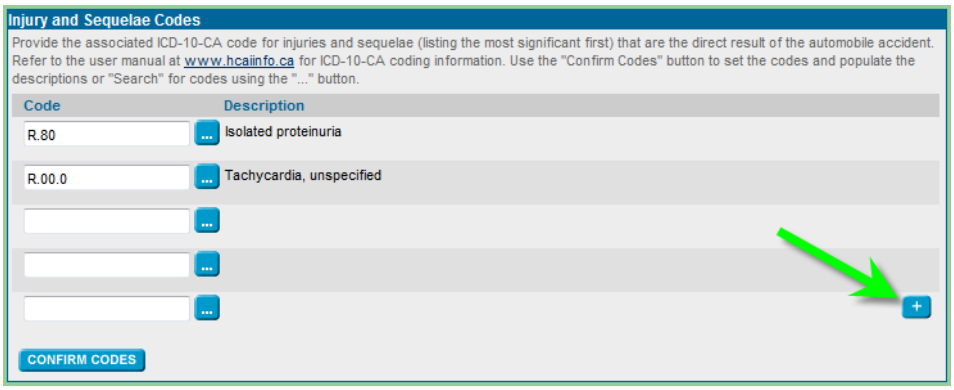
Part 5 – Injury and Sequelae Information

- List the injuries and sequelae that are a direct result of the automobile accident. Descriptions will be provided with the corresponding injury code (ICD-10-CA).
- Each code should be listed only once, regardless of how many Health Care Providers will be engaged in the treatment.
- The first line item should reflect the primary reason you are proposing services, with the most significant injury first.
- In a case where multiple injuries may be classified as the most significant, list the injury requiring the most services first.
- The use of ICD-10-CA codes is intended to classify problems; it is not the equivalent of communicating a diagnosis.

Adding additional lines for injury/sequelae codes

To add lines for additional injuries, simply click on the + button near the bottom right of the Injury and Sequelae Codes section.

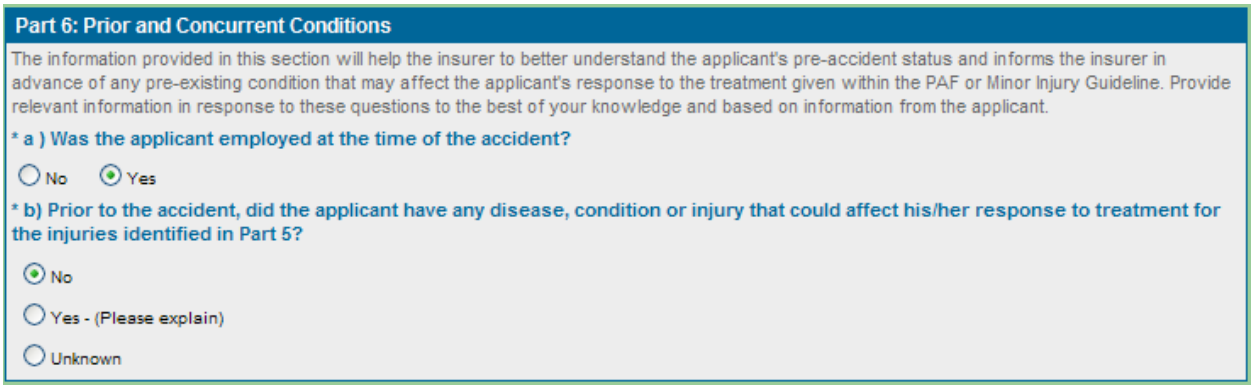
Figure 5: Add additional injury/problem code line


Injury and Sequelae Codes
Provide the associated ICD-10-CA code for injuries and sequelae (listing the most significant first) that are the direct result of the automobile accident.
Refer to the user manual at www.hcaiinfo.ca for ICD-10-CA coding information. Use the "Confirm Codes" button to set the codes and populate the descriptions or "Search" for codes using the "..." button.
Code
Description
R.80
Isolated proteinuria
R.00.0
Tachycardia, unspecified
CONFIRM CODES

Refer to Appendix C, which is the partial pick list of injury/problem codes available at www.hcaiinfo.ca or contact your Health Professional Association.

Part 6 – Prior and Concurrent Conditions

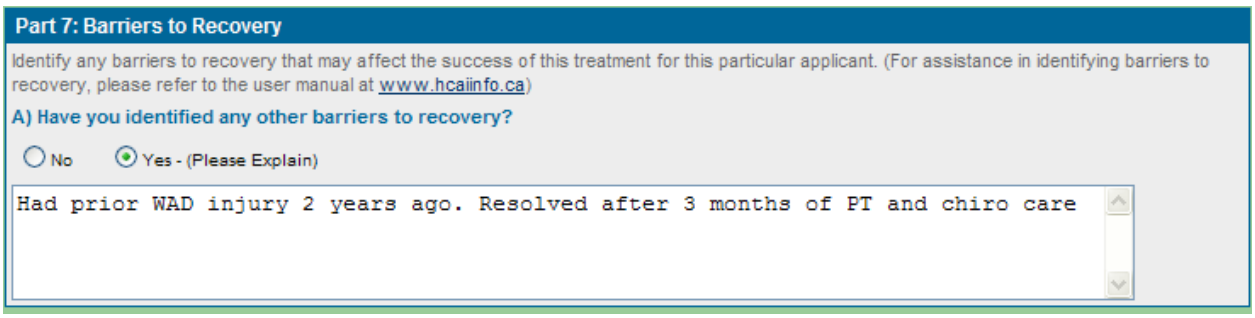
Figure 6: Prior and concurrent conditions


Part 6: Prior and Concurrent Conditions
The information provided in this section will help the insurer to better understand the applicant's pre-accident status and informs the insurer in advance of any pre-existing condition that may affect the applicant's response to the treatment given within the PAF or Minor Injury Guideline. Provide relevant information in response to these questions to the best of your knowledge and based on information from the applicant.
* a) Was the applicant employed at the time of the accident?
No
Yes
* b) Prior to the accident, did the applicant have any disease, condition or injury that could affect his/her response to treatment for the injuries identified in Part 5?
No
Yes - (Please explain)
Unknown

- Part 6 informs readers whether pre-morbid conditions or co-morbidities exist.
- Provide relevant information to the best of your knowledge based on information supplied by the patient/guardian/substitute decision-maker.

Part 7 – Barriers to Recovery

Figure 7: Barriers to recovery


Part 7: Barriers to Recovery
Identify any barriers to recovery that may affect the success of this treatment for this particular applicant. (For assistance in identifying barriers to recovery, please refer to the user manual at www.hcaiinfo.ca)
A) Have you identified any other barriers to recovery?
No
Yes - (Please Explain)
Had prior WAD injury 2 years ago. Resolved after 3 months of PT and chiro care

- If there are circumstances that may affect a claimant's recovery, select "Yes."
  - If you select "Yes" explain the barrier, including any "yellow flags" identified in the PAF Guideline that may affect the success of this treatment.

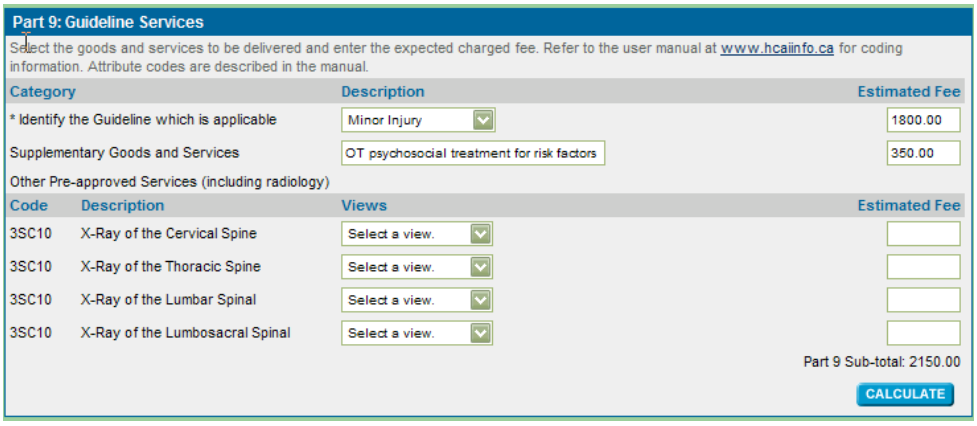
Part 8 – Signature of Applicant

- In HCAI, select "Yes" or "No" to the question "Is the applicant's or substitute decision-maker's signature on file?"
  - If you select "Yes," confirm the name of the person who signed, then select the signed date.
- Select "Yes" or "No" in response to the question "Was the applicant's or substitute decision-maker's signature waived by the insurer?"

Tab 3

Part 9 – Guideline Services (pre-approved services)

Figure 8: Pre-approved Services



Identify the Guideline which is applicable

- Select PAF for accidents that occurred before September 1, 2010 or Minor Injury Guideline (MIG) for accidents that occurred on or after September 1, 2010.

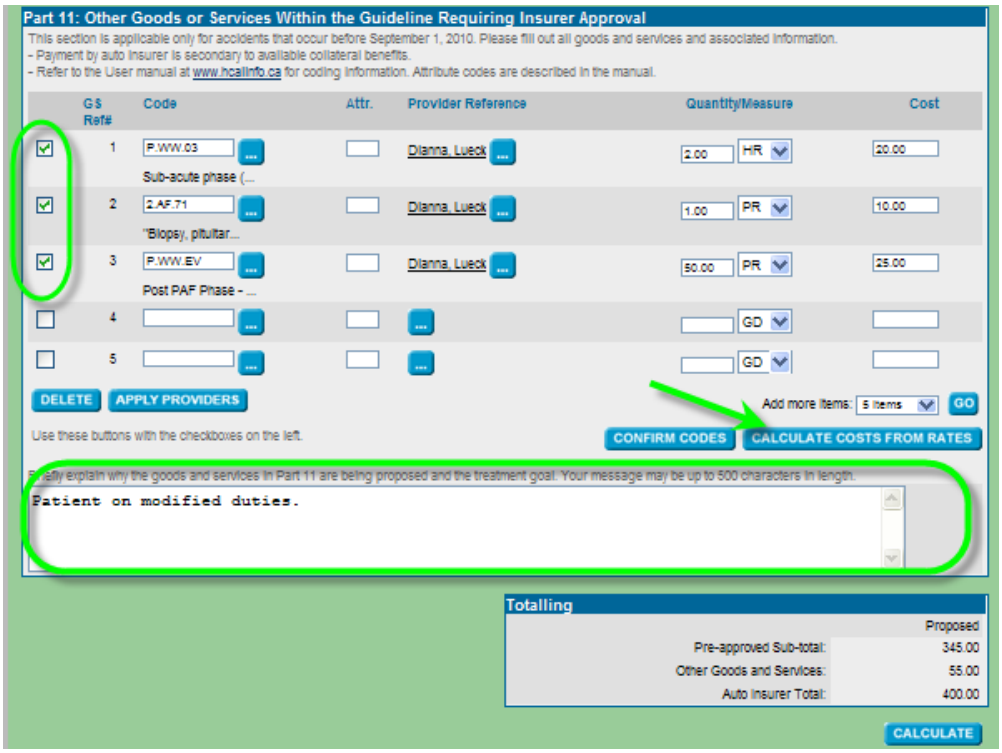
Supplementary goods and services

- Available for PAF Guideline or MIG.

Part 11 – Other Goods or Services

This section is applicable only for accidents that occurred before September 1, 2010.

Figure 9: Other goods and services requiring insurer approval



Code

Enter the PAF code by typing directly into the field or use the search utility by clicking the blue ellipses ( ) next to the code field.

Attribute

This field is not mandatory for correct completion of Goods or Services.

These codes are used to indicate how the service was delivered or, for example, the number of views in an x-ray study. The absence of attribute codes means that the service was rendered directly (in person) to one individual by one individual Health Provider and required continuous attendance. Refer to Appendix B for more information about Attributes.

Provider reference

- Use the dropdown list to select the Health Care Provider who delivered care on a given date.
  - If more than one Health Care Provider delivered care, list only the one who was most responsible for each visit that is listed on the Invoice.

Quantity

- The quantity refers to the number of times *over the course of the treatment plan* you will deliver the service described by the code.
  - Example: If you plan to do one OWRI visit, enter "1.00." Or, you can enter the number of hours you plan to use for the visit, by entering the number and selecting the unit measure "HR"
    - 70 kilometres = 70
    - 3 post-PAF extension visits = 3

Measure

Use the measure appropriate to the service being described.

- *Example*
  - 15 minutes = 0.25 HR
  - 1 procedure = 1 PR
  - 1 good (like a back support) = 1 GD
  - 10 km = 10 KM
  - 1 session = 1 SN

Calculate Costs from Rates

- Apply the Default Hourly Rate – When the Providers listed on your Invoice were added to your Facility in HCAI, there was an option to assign a Default Hourly Rate. If the rate assigned is the correct rate to apply to your Treatment Plan, click

.
- To manually enter or override the rate, enter the amount in the "Cost" field instead.

Cost

- Enter the amount you estimate the line item will cost.

One Provider and multiple line items

There is a shortcut to inserting one Provider name in multiple line items:

I. Complete all fields except for the “Provider Reference” fields.

II. Tick each box to the left of each completed line item.

- Select the name of the Provider from the dropdown list.

III. Click on the APPLY PROVIDERS button.

Calculate

When all of the proposed goods and/or services have been entered, click CALCULATE.

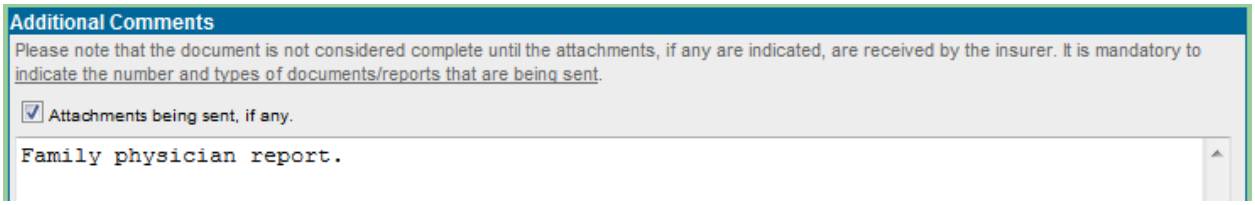
Explanation of Good & Services

Use the space below the Totalling to provide more detail if the CCI code doesn’t offer enough details. If there is not enough space in this section, you may also use the “Additional Comments” field in Tab 6.

Tab 4

Additional Comments & Attachments

Figure 10: Additional comments and attachments


Additional Comments
Please note that the document is not considered complete until the attachments, if any are indicated, are received by the insurer. It is mandatory to indicate the number and types of documents/reports that are being sent.
Attachments being sent, if any.
Family physician report.

- HCAI permits Facilities to do the following:
  - Offer more information to Adjusters by using the space provided in Tab 5.
  - Advise Adjusters that additional documentation (attachments) is being sent which the Insurer requires to adjudicate the form.

How should attachments be sent?

- Attachments must be faxed/mailed directly to the Adjuster.
  - Attachments cannot be sent electronically via HCAI and should not be sent to HCAI.
- To indicate that an attachment is being sent to the Adjuster, check off "Attachments being sent, if any."
  - If this box is ticked, the Facility *must* use the space below to describe the attachment being sent.

Signature on OCF-23 - Printing the completed OCF

- Signatures are not transmitted to the Insurer; however, hard copies of the form must be printed and signed and kept on file at the HCF.
- To obtain signatures, the entire OCF should be completed.
- To print a form:
  - Click on the PRINT button located at the top and bottom of the HCAI application web page.